

FORM
4444
REV 01/02/2006



Missouri Department of Revenue
Record of Participation & Completion
of Driver Improvement Program
OR Motorcycle Rider Training Course

Driver Improvement Program
State Program Headquarters
Missouri Safety Center – CMSU
660-543-4830 or 800-801-3588

OFFENDER INFORMATION

Drivers License Number: M106010001	Date of Birth: mm/dd/yyyy 03/17/1980	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Name (Last, First, Middle Initial): Orlando Carter		
Street Address: 8635 Harpers Point Dr.		Telephone Number: 5739530406
City: Cincinnati	State: OH	Zip Code: 45201
Violation(s): driving to close		Accident Involved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

COURT INFORMATION

Court Originator Number: MO101023J	Court Name: Scott
Court Case Number: 17SO-CR00996	Conviction Date: mm/dd/yyyy 12/27/2017

**DRIVER IMPROVEMENT
PROGRAM INFORMATION**

Name of Agency: Online CE, LLC		
Street Address: 3651 Lindell Rd Suite D		Telephone Number: (844) 812-8512
City: Las Vegas	State: NV	Zip Code: 89103
Driver Improvement Program: 8 Hour Only Accepted by DOR <input checked="" type="checkbox"/>	Print Instructor Name and I.D. #: (Online Course)	Signature:
Motorcycle Rider Training Course:	Print Instructor Name and I.D. #:	Signature:
Basic Riding Course <input type="checkbox"/>		
Experienced Rider Course <input type="checkbox"/>		
Program Provider Signature and I.D.: <i>Wendi Juma / OL-011</i>		Completion Date: mm/dd/yyyy 12/27/2017

FOR COURT USE ONLY:

Court Clerk	Date: mm/dd/yyyy
Remarks	

NOTE: It is the responsibility of the offender to take this Form 4444 to the appropriate court requesting compliance. Send the completed Form 4444 to Drivers License Bureau, P.O. Box 200, Jefferson City, MO 65105-0200. It is also advisable that the offender make and keep a copy as should the program who offered the course.